

# VACCINOLOGIST UPDATE



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## CDC/NIP Immunization Conference for 02 is Set for Denver

The 01 National Immunization Conference was informative with a focus on registries. We, the AFMS, are 2 steps ahead in our efforts to serve our patient population better and more efficiently by the use of registries. (AFCITA). The next conference will be Apr 30- May 3, 2002, at the Adam's Mark Hotel in Denver Colo. Go to [www.cdc.gov/nip/nic](http://www.cdc.gov/nip/nic) periodically for updates and details.

## AFCITA

The next version of AFCITA will (okay, should) be released some time in July. Along with this will be a manual and Computer Based Training. The CBT will sharpen your skills and be an ideal platform to train IBT's. I had the opportunity to oversight the development and I am excited about getting this tool to you. This is an internal PHSD effort, which means real time updates. My hope is to get the support for all AFCITA users in a timely manner. No doubt it can be done better than the current process.

## HSI Looks at Your IBT Program

There was a recent write up of an Immunization Clinic during an inspection. The cause: the IBT program. Ensure you have appropriate documentation on your IBT's, an OI describing how the execution of your program works and some way to track the hours of these folks. I have supporting 1098's and a paper based tracking sheet for those who are interested. In addition there is a policy letter putting finite instruction on the program. This document should be published late summer or fall.

## Safety Syringes

The recent update in OSHA Blood Born Pathogen Standard has caused some confusion. Here is an extract off the OSHA web site that seems to clear it up. *"While employers do not automatically have to institute the most sophisticated engineering controls ( e.g., needleless IV connectors, self-sheathing needles), it is the employer's responsibility to evaluate the effectiveness of existing controls and to review the feasibility of instituting more advanced engineering controls."*

(<http://www.osha-slc.gov/SLTC/needlestick/saferneedledevices/saferneedledevices.html#oposnd>)

A prudent approach to these devices is required. These devices are, in some cases, cost prohibitive. There is no mandate to give up the standard syringe if your incidence of accidental needle stick is absent. Concurrently, though, if it is your desire to switch and proper coordination within your MTF is accomplished it is acceptable to do so. The compromise, since you cannot change the needle on safety syringes, may be to have them available for use at your discretion.

## Your Input Needed

Got something to say, found a better way to do something and want to share, or feel inspired to write a paragraph or two for you peers? I am always looking for input from the innovative to the extrovert!

"Attention to detail is a key to success, is it on your key chain?"

MSgt "Odie" Stoll

